

The Center of It All



How cancer programs are at the intersection of community needs assessments

The healthcare quality movement continues to gain traction as payers, consumers, and accrediting bodies increasingly push for greater accountability for results from providers. All aspects of the healthcare system have been impacted by the push for continuous quality improvement, including the field of cancer care.

Recent quality efforts have zeroed in on a desire to ensure that care is patient-centered and responsive to community needs—with widespread implications for cancer care providers. Pinpointing the healthcare needs of the community—and crafting effective strategies to respond to those needs—is a central theme of recent reform efforts. This article clarifies the role that community needs assessments play in helping oncology programs achieve or maintain accreditation while also creating effective programs and outreach strategies that respond to identified cancer care needs in the community.

Your Cancer Program's Role in Assessing and Responding to CHNAs

To develop the most effective programs and community outreach activities, hospitals routinely conduct community health needs assessments (CHNAs) to gain a clearer picture of the health concerns in their service areas. Though hospitals across the country have conducted these assessments for many years, the Affordable Care Act (ACA) included provisions that *mandated* CHNAs and a corresponding implementation plan to address pressing health needs at least once every three years for all non-profit hospitals.

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CHNAs provide a useful starting point for cancer programs looking to identify the demographics of their population and barriers to care. CHNAs help hospitals gain deeper insight into the greatest health problems in their communities and prioritize health needs that they are well positioned to address. For example, one hospital's CHNA might reveal that low rates of prenatal care are a central health need and hospital programs can be created or enhanced to better address this need. Another hospital's CHNA might find that cancer rates are particularly high in certain neighborhoods and preventive efforts to reverse this trend can be implemented.

CoC Cancer Program Standards and Community Needs

The American College of Surgeons Commission on Cancer (CoC) accredits cancer programs that meet comprehensive, rigorous standards focused on promoting accountable cancer care and



continuous quality improvement.¹ Almost 70 percent of recently-diagnosed cancer cases in the U.S. are treated by one of the more than 1,500 CoC-accredited cancer programs.² Similar yet distinct from the CHNA requirement discussed above is the community needs assessment requirement necessary for cancer programs to achieve or maintain CoC accreditation.³

Consistent with the overall trend in healthcare, the most recent version of the CoC standards—*Cancer Program Standards 2012, Version 1.2.1: Ensuring Patient-Centered Care*—places a heightened focus on outcomes and quality of care. The latest version of the CoC standards addresses quality and outcomes by determining if cancer programs are helping to effectively meet the needs of the communities they serve. Understanding how well cancer programs are addressing community needs is crucial given that the majority of cancer care in the U.S. is community-based.⁴

Several of the CoC cancer program standards require cancer programs to complete a community needs assessment at least once during the three-year CoC survey cycle. The community needs assessment should be designed to gain a deeper understanding of the unmet cancer care needs in the community, existing healthcare disparities related to cancer care, and available resources to address gaps in care.

Informed by the results of community needs assessments, the following CoC standards specifically require cancer programs to develop and/or modify strategies to better address these identified needs.

Cancer Program Standard 3.1: Patient Navigation Process

As cancer care has grown more complex, patients increasingly need guidance as they move along the healthcare continuum to ensure they receive timely, high-quality care. Enter patient navigation—a process to help guide patients around and through barriers to obtaining the right care at the right time in the right setting.

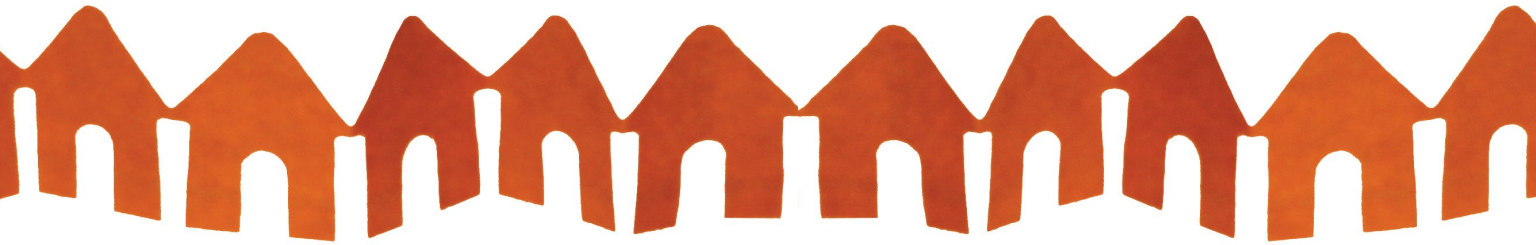
To achieve CoC accreditation, Standard 3.1 requires that cancer programs have a patient navigation process, informed by a community needs assessment, to address healthcare disparities and barriers to care. The literature is clear that certain populations, such as racial and ethnic minorities, individuals with disabilities, and residents of rural areas, are at higher risk for health disparities. Once barriers to care are identified, CoC Standard 3.1 states that resources can either be provided onsite or through referrals to community-based or national organizations. Cancer programs were required to have this standard phased in by Jan. 1, 2015.

Cancer Program Standard 4.1: Prevention Programs

Also taking into account the needs of the community as identified by the community needs assessment, Standard 4.1 requires that the cancer committee provide at least one cancer prevention program annually. This program should be designed to reduce the incidence of a specific cancer type and can be provided onsite or coordinated with other agencies and/or facilities. Furthermore, the cancer prevention program should be consistent with evidence-based national guidelines for cancer prevention. Guidance suggests that a prevention program that meets this standard encompasses more than handing out literature about cancer programs or providing a lecture. Follow-up and surveillance are integral.

Cancer Program Standard 4.2: Screening Programs

Also related to addressing community needs is Standard 4.2, which requires that the cancer committee provide at least one cancer screening program targeted to decreasing the number of patients with late-stage disease. The cancer registry is ideally suited to identify a cancer that often presents in a late stage. Mirroring the CoC's guidance related to prevention programs, screening programs should be based on community needs and be consistent with evidence-based national guidelines for cancer



prevention. The location of a screening program can be either onsite and/or coordinated with other organizations or facilities. Furthermore, the cancer program should develop a process to follow up on all positive findings.


In many communities, cancer rates are among the greatest health needs and areas of concern unveiled by CHNAs and community needs assessments. The results of each of these assessments can lead hospitals to:

- Increase cancer screenings in underserved areas
- Target educational programming aimed at increasing preventive care and decreasing rates of late-stage cancers among certain populations
- Identify groups at high-risk of certain cancers and develop programs to more closely monitor at-risk groups.

Going Forward

Effectively addressing the needs of the community cannot be achieved without high-performing cancer programs. Hospital cancer programs provide numerous benefits to the community, including:

- Screening programs and community outreach activities
- Patient support initiatives within the hospital
- Research to further establish best practices in cancer care
- Education to those who contribute to excellence in patient care.

As payers, consumers, and accrediting bodies continue to push for care that is patient-centered and responsive to community needs, cancer care providers can harness the power of community needs assessments to pinpoint where to target crucial programming. 

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